

# Food Allergies and Intolerances Form

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For Scout Camping Events

This form helps our camp staff plan meals and ensure a safe environment for Scouts with food allergies or intolerances. Please complete one form per Scout.

## Participant Information

Scout's Name: \_\_\_\_\_

Troop/Pack/Crew #: \_\_\_\_\_ | Council/District: \_\_\_\_\_

Camp Date(s): \_\_\_\_\_ | Location: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ | Phone (Alt): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (if different): \_\_\_\_\_ | Phone: \_\_\_\_\_

## Allergy / Intolerance Information

Type of Concern (Check all that apply):

☐ Food Allergy    ☐ Food Intolerance/Sensitivity    ☐ Celiac/Gluten-Free    ☐ Other:  
\_\_\_\_\_

List ALL Food Allergies/Intolerances:

Allergen or Food	Type	Severity	Reaction
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Carries EpiPen? ☐ Yes    ☐ No    ☐ N/A    If Yes, location: \_\_\_\_\_

Dietary Accommodations Needed:

\_\_\_\_\_

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Cross-Contact Precautions:

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Other Notes (Optional):

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Parent/Guardian Acknowledgment:

I certify that the above information is accurate. I understand that camp staff will do their best to accommodate my child's dietary needs but cannot guarantee an allergen-free environment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_